LINDEN GROVE-MENOMONEE FALLS
W180 N8071 TOWN HALL ROAD
MENOMONEE FALLS 53051 Phone: (262) 253-2700

Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 135 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 135 Title 19 (Medicaid) Certified? Yes 121 Number of Residents on 12/31/03: Average Daily Census: 122

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No	. 2 2			%		6.6
Supp. Home Care-Personal Care	No			1		1 1 10010	46.3
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	2.5		15.7
Day Services	No			65 - 74	14.0	•	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	29.8		68.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	3.3		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	14.0	65 & Over	97.5		
Transportation	No	Cerebrovascular	18.2			RNs	10.4
Referral Service	No	Diabetes	3.3	Gender	용	LPNs	12.4
Other Services	Yes	Respiratory	5.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	34.7	Male	20.7	Aides, & Orderlies	56.7
Mentally Ill	No			Female	79.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

	Medicare Medicaid (Title 18)			Other			Private I Pay			Family Care			Managed Care							
Level of Care	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	 29	100.0	352	 37	100.0	150	0	0.0	0	 55	100.0	219	0	0.0	0	0	0.0	0	121	100.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	29	100.0		37	100.0		0	0.0		55	100.0		0	0.0		0	0.0		121	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.5	Bathing	0.0		77.7	22.3	121
Other Nursing Homes	2.2	Dressing	2.5		81.8	15.7	121
Acute Care Hospitals	92.5	Transferring	12.4		74.4	13.2	121
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.7		70.2	19.0	121
Rehabilitation Hospitals	0.0	Eating	35.5		57.0	7.4	121
Other Locations	1.5	****	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
otal Number of Admissions	413	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.6	Receiving Resp	iratory Care	10.7
Private Home/No Home Health	46.6	Occ/Freq. Incontine	nt of Bladder	48.8	Receiving Trac	heostomy Care	0.8
Private Home/With Home Health	14.8	Occ/Freq. Incontine	nt of Bowel	30.6	Receiving Suct	ioning	0.0
Other Nursing Homes	1.5				Receiving Osto	my Care	2.5
Acute Care Hospitals	12.6	Mobility			Receiving Tube	Feeding	4.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet:	3 28.1
Rehabilitation Hospitals	0.0						
Other Locations	10.7	Skin Care			Other Resident C	haracteristics	
Deaths	13.8	With Pressure Sores		4.1	Have Advance D	irectives	85.1
otal Number of Discharges	į	With Rashes		1.7	Medications		
(Including Deaths)	412 i				Receiving Psyc	hoactive Drugs	59.5

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This Nonprofit		100	-199	Ski	lled	Al	1	
	Facility	Facility Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	용	Ratio	용	Ratio
	00.4	07.0	1 00	07.0	1 04	0.5.6	1 04	07.4	1 00
Occupancy Rate: Average Daily Census/Licensed Beds	90.4	87.9	1.03	87.0	1.04	86.6	1.04	87.4	1.03
Current Residents from In-County	74.4	87.5	0.85	86.4	0.86	84.5	0.88	76.7	0.97
Admissions from In-County, Still Residing	6.3	22.9	0.27	18.9	0.33	20.3	0.31	19.6	0.32
Admissions/Average Daily Census	338.5	144.5	2.34	166.7	2.03	157.3	2.15	141.3	2.40
Discharges/Average Daily Census	337.7	147.5	2.29	170.6	1.98	159.9	2.11	142.5	2.37
Discharges To Private Residence/Average Daily Census	207.4	49.7	4.17	69.1	3.00	60.3	3.44	61.6	3.37
Residents Receiving Skilled Care	100	93.9	1.06	94.6	1.06	93.5	1.07	88.1	1.14
Residents Aged 65 and Older	97.5	97.1	1.00	91.3	1.07	90.8	1.07	87.8	1.11
Title 19 (Medicaid) Funded Residents	30.6	50.3	0.61	58.7	0.52	58.2	0.53	65.9	0.46
Private Pay Funded Residents	45.5	34.6	1.31	22.4	2.03	23.4	1.95	21.0	2.17
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	19.0	35.5	0.54	34.3	0.55	33.5	0.57	33.6	0.57
General Medical Service Residents	34.7	23.0	1.51	21.0	1.65	21.4	1.63	20.6	1.69
Impaired ADL (Mean)	51.9	51.9	1.00	53.1	0.98	51.8	1.00	49.4	1.05
Psychological Problems	59.5	62.2	0.96	60.0	0.99	60.6	0.98	57.4	1.04
Nursing Care Required (Mean)	6.5	7.2	0.90	7.2	0.90	7.3	0.90	7.3	0.89